DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL

DEPARTMENT: Finance

BID/RFP# DESCRIPTION: Employee Benefits Health Plan (Vision)

BID/RFP# NUMBER: RFP 19-RFP060519C-MH

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL PERIOD: FROM: January 1, 2022 THROUGH December 31, 2022

RENEWAL OPTION #: Two of Four

NUMBER OF RENEWAL OPTIONS: Four

RENEWAL AMOUNT: \$0.55 per enrollee per month

COMPANY'S NAME: EyeMed Vision Care, LLC

ADDRESS: 4000 Luxottica Place

CITY: Mason

STATE: Ohio

ZIP: 45040

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications for Bid/RFP#: RFP 19-RFP060519C-MH (Person signing must have signature authority for the company/corporation)

FULTON COUNTY, GEORGIA	[INSERT COMPANY NAME]
Robert L. Pitts, Chairman Fulton County Board of Commissioners	[Insert name] [Insert title]
ATTEST:	ATTEST:
Tonya R. Grier Clerk to the Commission	Secretary/ Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
[Insert Department Head Name & Title] [Insert User Department Name]	Notary Public
	County:
	Commission Expires:
	(Affix Notary Seal)
ITEM#:RCS:	ITEM#: RM:
RECESS MEETING	REGULAR MEETING